

**ORIGINAL UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**Patrick W. Smith

Plaintiff

v.

STATE of Delaware et al

Defendant(s)

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER: 07 - 669

I, Patrick W Smith declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration \_\_\_\_\_

Inmate Identification Number (Required): 267341Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. Summit Steel

40 Hr. wk. About 332.44201 Edward AveNew Castle, De 19720

- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |                                                   |                              |                                        |
|---------------------------------------------------|------------------------------|----------------------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

2007 OCT 24 AM 11:14  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes" state the total amount \$ -0.00 After Bills

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☒ Yes ☐ No

If "Yes" describe the property and state its value.

TownHouse 112,000, w/m of 898.-

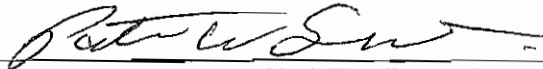
1 Truck - 2000.00 Both Vehicle IN my Ex - and my  
1 car - 2000.- none.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

child support of 500.- month - (hears) and not  
to the mother.

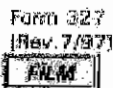
I declare under penalty of perjury that the above information is true and correct.

10-24-07  
DATE



SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



# The Family Court of the State of Delaware

In and for ☒ New Castle ☐ Kent ☐ Sussex County

## CIVIL DISPOSITION - COMMISSIONER

Petitioner/OBLIGOR/Movant	Respondent/OBLIGEE	File No(s)
PATRICK SMITH	DCSE/STARR MCGRAW	CNC3-07980
337 Kemper Drive	315 South Dupont Highway	CPI No(s)
Newark, DE 19702	Apt. 2	<b>07-30588</b>
Attorney:	New Castle, DE 19720	Nature of Proceeding
	Attorney:	Motion for
		Hardship of
		Arrears

Before Mary Ann Herlihy, Commissioner of the Family Court.

With this MOTION Mr. Smith clearly seeks to modify the amount of payment ordered on arrears. Accordingly, the MOTION is treated as a PETITION TO MODIFY PAYMENT ON ARREARS and is to be scheduled for mediation as soon as possible.

IT IS SO ORDERED.

9/28/07  
Date Written Order Issued

M. A. Herlihy  
Commissioner Mary Ann Herlihy 7/28/07

c: ( X ) Petitioner ( X ) Respondent ( X ) File (X) Case Manager (with file)